



LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH
SOUTHWEST AIRLINE TICKET REQUEST

Employee Name _____

Employee Number _____

Employee Telephone Number _____

Bureau/Unit/Division _____

Travel Request Number _____

Cost Center _____

FLIGHT INFORMATION

Departing Airport

Arriving Airport

Date

Flight Number

Departure Time

Arrival Time

Departing Airport

Arriving Airport

Date

Flight Number

Departure Time

Arrival Time

Voucher Issue Authorization

Date

Travel Coordinator